

Concerning inactive duty training: Medical Reserve officers.

To the Editor:—The next annual inactive duty training period for Medical Reserve officers of the Army and the Navy will be held in Rochester, Minnesota, at the Mayo Clinic, under the military supervision of the surgeon of the Seventh Corps Area (Army) and the surgeon of the Ninth Naval District (Navy) from October 3 to 16, inclusive.

The morning hours are devoted entirely to professional training given by the various departments or sections of the clinic at its several hospitals and institutions. The afternoon hours are devoted to lectures on professional subjects or military medicine. The evening hours are given to lectures by distinguished visitors and the presentation of medico-military subjects.

The meeting is given for Reserve officers of the Army and the Navy, and due military credits are given for attendance.

In past years we have had a number of applicants who have seen notices in your journal or in the *Journal of the American Medical Association*. We would be very glad indeed to have you use this data as a news item as you see fit.

Sincerely yours,
KENT NELSON,
Colonel, Medical Corps, Surgeon.

HEADQUARTERS SEVENTH CORPS AREA
OFFICE OF THE SURGEON

Omaha, Nebraska,
August 2, 1937.

Subject: Medico-Military Inactive Duty Training, Mayo Foundation.

To Medical Department Reserve Officers:

1. The ninth annual training course for Medical Department reservists of the Army and Navy will be held at the Mayo Foundation, Rochester, Minnesota, October 3 to 16, 1937.

2. This training course was first inaugurated by the Seventh Corps Area at the request of the Mayo Foundation to give training in military medicine to the young medical men connected with the Foundation. Other Reserve officers requested permission to enroll and to take advantage of the opportunity to attend the clinical presentations during the morning hours. Such permission was granted and attendance has become so increasingly popular that it is now necessary to limit enrollment.

3. The program will follow the plan of past years. The morning hours will be devoted entirely to professional work in special clinics and study groups. Officers in attendance may select the course they wish to follow from the wide variety of presentations offered. The afternoon and evening will be devoted to a medico-military program under the direction of the Surgeon of the Seventh Corps Area (Army) and the Surgeon of the Ninth Naval District (Navy).

4. This training is on an inactive duty status and is without expense to the Government. Enrollment is open to all Army and Navy reservists of the medical departments in good standing. Applications should be submitted to the Surgeon of the Seventh Corps Area, Omaha, Nebraska, or to the Surgeon of the Ninth Naval District, Great Lakes, Illinois. Enrollment is limited to two hundred.

5. The Surgeons-General of the Army and Navy have signified that they will attend, and it is believed that the Surgeon-General of the Public Health Service will also appear on the program.

KENT NELSON,
Colonel, Medical Corps, Surgeon.

Concerning medical, dental, and pharmaceutical cooperation.

San Francisco,
August 16, 1937.

To the Editor:—Hearty congratulations on your fine editorial on the united actions of the professions of dentistry, medicine, and pharmacy. Yours is one of the most sensible statements I have ever seen on the matter.

Why not ask dentistry and pharmacy to send delegates to the California Medical Association meetings? We are doing our best at the Medical Center of the University to promote close cooperation between medicine, dentistry, and pharmacy in the interests of public health and welfare.

University of California Medical School.

Sincerely yours,

CHAUNCEY D. LEAKE.

Recognition of Opticians for Sight Testing in England.—Surprise and dissatisfaction have been widely expressed in the medical profession by the proposal of the Ministry of Health to recognize opticians for sight testing in the regulations for the provision of spectacles under the national health insurance act. The *British Medical Journal* terms the proposal "profoundly disturbing" and points out that it is considerable advance in the direction of statutory registration of sight-testing opticians, which has not only been vigorously opposed by the British Medical Association during the past thirty years, but has been reported on unfavorably by governmental departmental committees. In a letter to the *Times*, Dr. G. C. Anderson, medical secretary of the Association, says that the regulation is contrary to the whole weight of expert opinion. An analysis of thirty thousand consecutive cases of ocular disturbances showed that in 27.6 per cent these were due to cause other than errors of refraction, while in 7 per cent there were similar disturbances without any error of refraction. Opticians, ignorant of diseases of the eye, will in most cases prescribe glasses for all sorts of trouble. In a letter to the *Times*, Sir John Parsons, Past President of the Royal Ophthalmological Society, states that it is by no means infrequent for the ophthalmic surgeon to see cases of grave loss of vision which has resulted from sight-testing opticians failing to recognize disease conditions. He has had patients suffering from chronic glaucoma thus overlooked and in one case from malignant intra-ocular tumor. Mr. Malcolm Hepburn, Honorary Secretary of the Council of British Ophthalmologists, points out that there are a great many varieties of the normal which, to the improperly educated observer, may simulate disease conditions of the eye; and it often requires all the medical training of the ophthalmic surgeon to decide whether they are of importance or not. When the sight-testing optician observes them, he advises the patient to seek medical opinion, thereby creating fear of danger to the sight, which it is sometimes very difficult for the ophthalmic surgeon to dispel. Had he been consulted in the first instance, this would have been avoided. Secondly, the optician seems to have little idea regarding the relation between errors of refraction and eye diseases, and this leads him to order glasses "to prevent loss of sight." Thus the patient is frightened into wearing glasses that may be entirely unnecessary.—London News Letter, *Journal of the American Medical Association*.

Pregnancy and Its Complications.—At the recent session of the American Life Convention Dr. J. A. Thornley Bowman, associate medical director, London Life, London, Ontario, read a paper on "Pregnancy and Its Complications." Dr. H. W. Gibbons, medical director, California-Western States Life, Sacramento, California, in the discussion said definite insurance appraisals of such risks can be made; there appears to be an insurable interest, and so normal a life function surely could be underwritten. More uniform handling of such risks by companies would help to stabilize and make these risks less hazardous. He noted that the United States still has the highest maternal death rate of any civilized country, that of Holland, Sweden, and Japan being only one-third to one-half so great. He said it appears 60 per cent of these deaths are preventable. In this country, he said, there appears to be an orgy of obstetrical interference in child-birth, due perhaps to the demand for quick, painless births. The modern mother, he concluded, would do well to go back to the "horse and buggy" days and have her children naturally except when emergency would require the physician's aid. He also noted the abortion problem, with estimated 700,000 abortions annually in this country. Legislation will not stop the practice, he said; the unwanted baby should be avoided before it must be disposed of.